

MULTIPLE DEPENDENT CLAIM  
FEES CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

REC'D

01 JUL 2005

SERIAL

APPLICANT(S)

FILING DATE

10-S41339

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3			1				53						
4				1			54						
5					1		55						
6						1	56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13			1				63						
14							64						
15							65						
16					1		66						
17						1	67						
18							68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.													
TOTAL DEP.	16												
TOTAL CLAIMS	16												